

**CEMETERY AND FUNERAL BUREAU**

P.O. Box 989003

West Sacramento, CA 95798-9003
(916) 574-7870 FAX (916) 574-8620**REQUEST FOR CHANGE OF CEMETERY SALESPERSON LICENSE**☐ **TRANSFER** ☐ **REINSTATEMENT****\$25.00 FEE**

SECTION A: NAME OF APPLICANT				
Last Name		First		Middle Initial
				License Number CES
Residence Address		City		State CA
				Zip Code
Residence Telephone Number ()		Social Security Number		Date of Birth
SECTION B: LICENSE CURRENTLY READS				
Name of Employing Broker (Enter the Broker's name not the business name)				Broker's License Number
Address		City		State CA
				Zip Code
SECTION C: CHANGE LICENSE TO				
Name of New Employing Broker (Enter the broker's name not the business name)				Broker License Number
Address		City		State CA
				Zip Code
Mailing Address for Broker (If different from above)		City		State CA
				Zip Code
Telephone Number of Broker ()		Fax Number for Broker ()		
Name of Broker's Contact Person (For questions regarding this application)		Telephone Number of Contact Person ()		
SECTION D: APPLICANT CERTIFICATION				
I certify under penalty of perjury under the laws of the State of California that the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act, nor misuse the privileges of the registrant.				
Signature of Applicant				Date
SECTION E: BROKER CERTIFICATION				
I hereby certify under penalty of perjury under the laws of the State of California that I am a licensed Cemetery Broker. I request the Cemetery and Funeral Bureau issue to the person named in this application a license as Cemetery Salesperson in my employ. I certify that if a license is issued, I will exercise a careful supervision over the salesperson's cemetery activities while so employed.				
Signature of Employing Broker				Date
FOR BUREAU USE ONLY				
Date Received	Amount Cashier	ATS Number	Receipt Number	

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.